PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 808 049

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
70	OTAL CLAIMS		(2)		COIL	(Coldinii 21				OR 7			
TOTAL CLAIMS								RATE	FEE	4	RATE	FEE.	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			(7 minus 20=		• Ø			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	(minus 3 =					X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	20	
CLAIMS AS AMENDED - PART II										•	OTHER		
(Column 1) (Colu						(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT, FEE		
ADDIT. FEE													
_	•	CLAIMS		HIGHE	ST		Г		ADDI-	1	. 1	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		:		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	▎▐	X43=		OR	X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ϋ́			
								+145=		OR	+290=		
						right .		TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	drá		=	Γ	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	t	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										-		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
[the "Highest Nur	nber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	· AE	TOTAL		OR,	TOTAL DDIT. FEE		
		mber Previously Pa ber Previously Paid					foun	d in the app	ropriate box	in colu	mn 1.	·	